

Incontinence Supplies (Age 21 and over)

Definition: Diapers, underpads, wipes, liners, and disposable gloves provided to participants who are at least **twenty-one (21) years old** and who are incontinent of bowel and/or bladder according to the established medical criteria.

Providers: Incontinence supplies are to be provided by licensed **vendors enrolled with SCDHHS as Incontinence Supply providers.**

Conflict Free Case Management

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

Criteria: The following criteria must be met for individuals to receive incontinence supplies:

1. The waiver participant must be age 21 or above.
2. The waiver participant's inability to control bowel or bladder function must be confirmed by a Physician on the **Physician Certification of Incontinence (DHHS Form 168IS)**. This will be completed and tracked by the Supply Provider
3. The Case Manager must conduct an assessment to determine the frequency and amount of supplies authorized

Covered Supplies: Medically necessary incontinence supplies are available through the Medicaid State Plan which must be accessed prior to the Intellectual Disability/Related Disabilities (ID/RD) Waiver.

Medicaid State Plan offers the following based on medical necessity:

- One (1) case of diapers or briefs [1 case = 96 diapers or 80 briefs] monthly
- One (1) case of incontinence pads/liners [1 case = 130 pads] monthly
- One (1) case of underpads monthly
- One (1) box of wipes monthly
- One (1) box of gloves monthly

In addition to incontinence supplies offered by Medicaid State Plan, the ID/RD waiver may offer the following based on documented need in the individual's record.

- ❖ **One (1)** box of disposable gloves monthly
- ❖ Up to two (2) cases of diapers/briefs monthly [1 case = 96 diapers or 80 briefs]
- ❖ Up to two (2) cases of underpads monthly
- ❖ Up to eight (8) boxes of wipes monthly
- ❖ Up to two (2) boxes of incontinence pads (liners) monthly [1 case = 130 pads]

Please note: it is possible that incontinence supplies offered by the Medicaid State Plan and the ID/RD waiver may not meet the requests presented by all waiver participants.

Arranging for the Service: Once the individual's need has been identified and documented in the plan and the participant's record, you must conduct a telephone assessment to determine the frequency of incontinence and the amount of supplies to be authorized. The frequency definitions are as follows:

Occasionally Incontinent =

- Bladder—Not daily. Approximately 2 or less times a week
- Bowel—Approximately once a week

Frequently Incontinent =

- Bladder—Approximately between 3 to 6 times a week, but has some control OR if the client is being toileted (w/extensive assistance) on a regular schedule.
- Bowel—Approximately between 2 to 3 times a week.

Totally Incontinent =

- No control of bladder or bowel

NOTE: If the individual has an ostomy or catheter for urinary control and an ostomy for bowel control, only underpads may be authorized.

NOTE: If the individual has an appliance for bowel or bladder control, diapers may be authorized based on the frequency of incontinence.

In order to receive diapers funded through the waiver in addition to the State Plan allowable amounts, the individual should be assessed as being more than “Frequently Incontinent”. When conducting the assessment the Case Manager should consider the number of diapers used on average/per day to calculate the number of cases of diapers and/or other supplies needed per month. This should be thoroughly recorded in service notes to justify the need and communicated via the budget comments.

You must offer choice of provider to the participant/primary caregiver and document this offering. Once a frequency and amount has been determined, approval must be requested from SCDDSN Waiver Administration Division. To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider along with a copy of the Physician Certification of Incontinence (DHHS Form 168IS). Only the top portion of this form should be completed in order to provide the Incontinence Supply Provider with the Physician contact info as well as the individual’s demographic information. The service must be Direct-billed to SCDHHS. This must be indicated on the authorization. Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

Note: An authorization for wipes is based on the presence of an incontinence need only; therefore, an individual must also be receiving diapers and/or underpads in order to receive wipes. Wipes cannot be authorized for cosmetic or other general hygiene purposes. They can only be authorized for the participant’s incontinence care.

Note: As needed the Incontinence Supply Provider will need to obtain a new Certification of Incontinence. In order to do this they will request a copy of the form from the Case Manager. The Case Manager will fill out the top portion of the form and send it to the Provider.

Monitoring the Services: The Service Coordinator must monitor the service for effectiveness, usefulness and participant satisfaction. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;

- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

Questions to consider:

- Has the individual's health status changed since your last monitorship? If so, do all authorized supplies continue to be needed at the current rate?
- Are the amounts appropriate or do they need to be changed?
- Has the participant improved in his/her ability to toilet? If so, can the amount of supplies be decreased?
- Are there any new needs?
- Does the individual receive his/her monthly supplies in a timely manner?
- When was the last time the supplies were received?
- Is he/she satisfied with the provider of the service?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the individual or his/her legal guardian including the details regarding the change(s) in service, allowance for reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 9** for specific details and procedures regarding written notification and the reconsideration/appeal process.